

to lack of co-ordination and co-operation between the Emergency Medical Service, the medical services of the armed Forces, and the general body of civilian medical practitioners. He asked Mr. MacDonald to consider appointing a small non-medical committee to investigate the most effective organization for utilizing to the best advantage the medical services of the country. Mr. MACDONALD replied that the Service Ministers, the Secretary for Scotland, and he were not aware of any widespread dissatisfaction, but recently had the advice of a committee appointed to consider the steps necessary to secure a proper allocation of the available medical manpower between civilian and military services. The committee consisted of Sir Arthur Robinson, as chairman, and three medical men with wide experience of the various branches of the profession—namely, Sir John Fraser, Sir Kaye Le Fleming, and Prof. R. M. F. Picken. Their report was now receiving the active consideration of these Ministers.

Mr. MANDER offered to supply evidence of dissatisfaction.

Mr. WOODBURN asked Mr. MacDonald to induce the medical profession to relinquish some of its trade-union etiquette so that its work should be better spread over the population.

Butter Ration of Tuberculous Persons.—On February 11 Mr. PARKER asked the Parliamentary Secretary to the Ministry of Food whether a larger ration of butter could be provided for patients suffering from tuberculosis, as the present two ounces was insufficient for nourishment purposes. Major LLOYD GEORGE said that the Food Rationing (Special Diets) Advisory Committee of the Medical Research Council was considering the position of invalids, including tuberculous patients, in the light of the present food restrictions.

Medical News

The Hospital for Sick Children, Great Ormond Street, would like members of the medical profession to know that through the kind co-operation of the Watford Peace Memorial Hospital it has been found possible, as a wartime measure, to open consultative out-patient clinics there. At first clinics will be held once a week, beginning on Friday, March 7. Medical and surgical cases should attend at 10 a.m. and ear, nose, and throat cases at noon. These clinics will be extended later if necessary. The clinics will be conducted by members of the visiting medical staff of the Hospital for Sick Children, and new cases must be recommended by a doctor. Appointments should be made by letter through: The Almoner to the Hospital for Sick Children Clinic, Watford Peace Memorial Hospital, Watford, Herts.

The University of Manchester has arranged a week-end course on factory medical services for medical practitioners. It will be held on Saturday and Sunday, March 1 and 2, and the fee is one guinea. Full details of the course may be had from the Director of Extramural Studies, The University, Manchester, 13.

Surgeon-General Thomas Parran, of the United States Public Health Service, will be entertained at luncheon by the Society of Medical Officers of Health on Friday, February 21, at the Piccadilly Hotel, W., at 12.45 for 1 p.m. Tickets (7s. 6d., including wine and gratuities) are obtainable by members of the Society from the acting Executive Secretary at Tavistock House South, Tavistock Square, W.C.1, not later than February 19. Members may be accompanied by one representative of their local authority.

A meeting of the Shaftesbury Military Hospital Medical Society will be held at the hospital on Tuesday, February 18, when Colonel L. E. H. Whitby will give an address on "Transfusion for War Conditions."

The Medical Women's Federation is arranging a course of six lectures on social anthropology to be given at the London School of Hygiene and Tropical Medicine from March 3 to 8 at 4.30 p.m. It is intended mainly for doctors and nurses working over-seas, but members of the public will be welcome. Fee for the course is 1½ guineas, with a reduction for missionaries. Tickets and further information may be obtained from Dr. Margaret Balfour, 14, Sylvan Road, Upper Norwood, S.E.19, or at the first lecture.

A meeting of the Faculty of Radiologists will be held at 32, Welbeck Street, W., on Friday, February 21. At 10.30 a.m.

the Therapy Section has arranged a discussion on "The Organization of Radiotherapy in Wartime," to be opened by Mr. Malcolm Donaldson, followed by Mr. E. Rock Carling, Mr. G. F. Stebbing, and Dr. Ralston Paterson; at 2 p.m. the Skinner Lecture on "Cancer of the Bladder" will be delivered by Dr. Ralston Paterson; and at 3 p.m. before the Diagnostic Section there will be a demonstration on "The Anatomy and Radiology of the Bronchial Glands," by Dr. Stefan Engel. A discussion will follow. Copies of the report of the discussion on the organization of radiotherapy in wartime will be available to members in due course at a cost of 2s. each. Members requiring copies should apply to the secretary.

Applications are invited for Leverhulme fellowships or grants in aid of research, intended for senior workers who are prevented from carrying out research work by routine duties or pressure of other work. The trustees are also prepared to consider applications from groups of workers engaged upon co-operative programmes of research, particularly from those engaged upon long-distance programmes or in institutions in which the normal facilities for research have been curtailed by the war. Forms of application, returnable by March 1, may be had from Dr. L. Haden Guest, M.P., Kinscote House, 1, Watergate, Blackfriars, London, E.C.4.

Diabetics, who already have triple rations of butter and margarine, are now to have a triple meat ration; information to this effect has been sent to local food committees. The Ministry of Health has recently emphasized the need for those who regularly take insulin, and who therefore would run special risks should they become air-raid casualties, to carry on their persons some indication that they are diabetics. They can obtain from the Diabetic Association, 124, Baker Street, London, W.1, on receipt of a stamped addressed envelope, a suitable card for carrying inside their identity card on which can be written the usual dose of insulin, the treatment for an overdose, and their medical adviser's name and address.

EPIDEMIOLOGICAL NOTES

Infectious Diseases for the Week

During the week under review there were increases in the incidence of cerebrospinal fever, enteric fever, and pneumonia (primary and influenza) in England and Wales and in Scotland, where increases in notifications of measles and whooping-cough were also recorded, but these may be due rather to an extension of the system of notification or "intimation" than to an actual high increase.

Influenza for Week Ending February 1

The return of influenza deaths for the week ending February 1 for the 126 great towns, 176, again almost precisely repeats the figures of 1929; in that year we had 99, 122, 179, and, in this year, 99, 120, 176. At first sight this is ominous, for in 1929 influenza became very severe. But in that year 99 was reached a fortnight earlier, and time is an important element. In general, the later a recrudescence begins the less likely is it to reach severe proportions. The most recent returns for London show a reduction in the numbers of daily admissions to hospital of cases of influenza, bronchitis, and pneumonia cases. It now appears probable that there will not be a sudden great rise in influenza deaths, but mortality is likely to continue to increase. The age distribution of the deaths is of the normal type. 56% are at ages over 65 and 5% at ages under 25. In the corresponding week for 1939 deaths from influenza numbered 210, and, for 1940, 353.

Total of Influenza Deaths and Deaths in Age Groups in 126 Great Towns for Week Ending February 1

All Ages	A Under 1 year	B 1-5	C 5-15	D 15-25	E 25-35	F 35-45	G 45-55	H 55-65	I 65-75	J 75 and over
176	5	—	—	4	7	10	18	33	53	46

Regional Totals of Influenza Deaths for Week Ending February 1

South-Eastern Area :		Midland Area	23
Greater London	86	Eastern Area	2
Rest of S.E.	14	South-Western Area	4
Northern Area	56	Wales and Monmouthshire	5

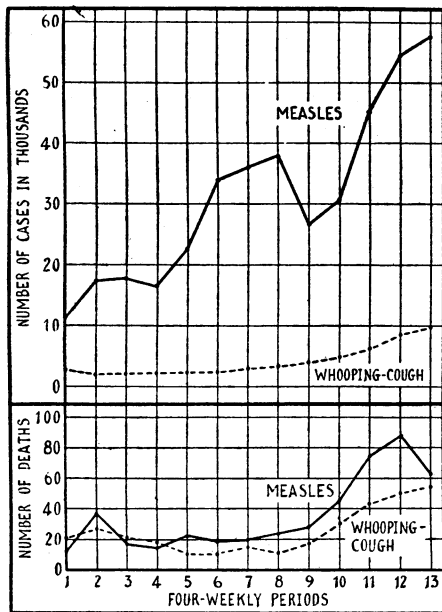
Total for 126 Great Towns including the Outer Ring 190

Cerebrospinal Fever

The incidence of cerebrospinal fever has been increasing and it is more prevalent than last year (266 notifications as against 107); a steep rise was then noted in the last week of January and the peak reached in the week ended March 2; the decline of the epidemic was much more leisurely and more irregular than its rise. With prompt diagnosis and adequate treatment the case fatality rarely exceeds 5%. The number of administrative health areas affected rose from forty-one to forty-four, in eighteen of which more than 5 cases were recorded—namely, Lancaster 46, Yorks, West Riding, 22, Warwick 19, Gloucester 14, London 14, Glamorgan 12, Wiltshire 9, Southampton 8, Surrey 8, Durham, Essex, and Kent 7 each, Derby, Middlesex, Northampton, Nottingham, Yorks, North Riding, and Monmouth 6 each. The notifications for the week ending February 1 (just received) were 326.

Measles and Whooping-cough.—The fall in the incidence of measles and whooping-cough, which remain by far the most prevalent acute infectious diseases in this country, and the generally low case fatality of both diseases are gratifying in view of the abnormal conditions under which many of those at risk are living.

During 1940, as the accompanying graph shows, measles steadily gained ground; a marked decline occurred in the four weeks August 3 to August 31, which is probably due to extrinsic factors rather than to changes in the virulence or dispersal potential of the causative organism. This fluctuation in the epidemic curve found no counterpart in the deaths in the principal towns. Despite the increase of the



Graph showing cases of and deaths from measles and whooping-cough in the thirteen four-weekly periods in 1940 (cases for England and Wales and deaths in the 126 principal towns).

disease and the prevalence of catarrhal infections, measles proved less fatal towards the end of the year; there has been a tendency towards a higher case fatality in recent weeks, but exact observations are impossible as returns for deaths are available only for the principal towns. The uniform low curve of whooping-cough is in sharp contrast to that of measles. Concurrent respiratory infections are of less moment in measles than in whooping-cough, which is a mild disease in summer and deadly in winter. Measles is potentially dangerous to the young at any season, but in recent years has been remarkably mild, for which a complete explanation is not yet forthcoming. Improved nutritional standards, increased facilities for home nursing and hospital treatment, probably all play their part.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended January 11, 1941.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included), (b) London (administrative county), (c) Scotland, (d) Eire, (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London), (b) London (administrative county), (c) The 16 principal towns in Scotland, (d) The 13 principal towns in Eire, (e) The 10 principal towns in Northern Ireland.

A dash—denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1941					1940 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever	266	14	49	1	12	107	5	23	8	—
Deaths		1	1			3				
Diphtheria ..	1,233	40	377	21	35	745	27	204	65	48
Deaths	43	3	16	1	1	17	—	5	1	1
Dysentery ..	93	8	33	—	—	31	3	13	—	—
Deaths										
Encephalitis lethargica, acute ..	2	—	—	—	—	8	—	—	—	—
Deaths								3		
Enteric (typhoid and paratyphoid) fever ..	30	3	4	3	1	11	1	2	7	4
Deaths										
Erysipelas ..		23	68	7	7			67	8	7
Deaths								1		
Infective enteritis or diarrhoea under 2 years ..										
Deaths	36	4	11	4	1	32	3	11	5	3
Measles	15,413	440	353*	—	11	2,740	33	27	278	3
Deaths	23	1	5	1	—	1	—	1	2	3
Ophthalmia neonatorum ..		73	1	8	—	66	9	15	—	1
Deaths										
Pneumonia, influenza†	1,465	79	24	7	11	1,457	99	63	12	9
Deaths (from influenza) ..	69	9	8	6	1	158	14	38	2	7
Pneumonia, primary ..		74	268	57	9			545	17	6
Deaths								19		
Polio-encephalitis, acute ..	—	—	—	—	—	4	—	—	—	—
Deaths										
Poliomyelitis, acute ..	5	—	6	—	—	6	—	—	—	—
Deaths										
Puerperal fever ..	—	—	13	2	—	—	4	7	8	1
Deaths		1					1†			
Puerperal pyrexia ..	119	—	14	—	2	159§	7	12	—	1
Deaths										
Relapsing fever ..	—	—	—	—	—	—	—	—	—	—
Deaths										
Scarlet fever ..	1,164	77	174	47	46	1,141	38	154	64	84
Deaths	1	—	—	—	—	1	—	1	—	1
Small-pox ..	—	—	—	—	—	1	—	—	—	—
Deaths										
Typhus fever ..	—	—	—	—	—	—	—	—	—	—
Deaths										
Whooping-cough ..	2,761	30	320*	—	31	787	22	23	—	14
Deaths	22	2	14	3		5				
Deaths (0-1 year) ..	484	39	96	39	16	415	62	96	37	22
Infant mortality rate (per 1,000 live births) ..										
Deaths (excluding stillbirths) ..	7,251	1,026	1,034	284	189	8,269	1,530	1,215	312	174
Annual death rate (per 1,000 persons living) ..			22.5	18.9	16.6			24.6	20.8	15.3
Live births ..	5,418	333	922	316	223	6,663	2,049	902	339	263
Annual rate per 1,000 persons living ..			18.7	21.0	19.5			18.3	22.6	23.1
Stillbirths ..	217	13	42	—	—	259	29	50	—	—
Rate per 1,000 total births (including still-born) ..			44					53		

* Notification in certain administrative areas only.
 † Includes primary form in figures for England and Wales, London (administrative county), and Northern Ireland.
 ‡ Death from puerperal sepsis.
 § Includes figures for puerperal fever.

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